

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	E. H. G. E. G. N.	926	10/29
RESPONSE FORMALITY REVIEW			11-26-00

# INDEX OF CLAIMS

✓ ..... Rejected  
= ..... Allowed  
- (Through numeral)... Canceled  
+ ..... Restricted  
N ..... Non-elected  
I ..... Interference  
A ..... Appeal  
O ..... Objected

Claim	Date
Final	
Original	
1	✓
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10	✓
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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